

PLEASE DO NOT FOLD STAPLE OR MUTILATE THIS FORM

City of Norfolk, Virginia

C. Evans Poston, Jr.
Commissioner of the Revenue

Account #: _____

Business Name: _____

Trade Name: _____

Mailing Address: _____

Location Address: _____

Food & Beverage Tax

Month of: _____ Year: _____ Date Due: _____

FOOD & BEVERAGE RECEIPTS	
TAX ON ABOVE	
PENALTY (10% OF TAX)	
INTEREST (10% PER ANNUM)	
TOTAL REMITTANCE	

I HEREBY CERTIFY THAT THE FIGURES SHOWN ON THIS FORM ARE IN ACCORDANCE WITH THE ORDINANCE NUMBER 40,709 OF THE CITY OF NORFOLK, VIRGINIA.

SIGNATURE

MAKE CHECKS PAYABLE TO—NORFOLK CITY TREASURER

P.O. BOX 2260, Norfolk, VA 23501-2260

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